

AUTHORIZATION FOR AUTOMATIC PAYROLL DEDUCTION

◆ FORM MUST BE RETURNED TO EMPLOYER ◆

☐ New ☐ Change ☐ Inactivate

Effective Date: _____

**Please note that only your payroll office can confirm the exact effective date*

- This form replaces ALL previously submitted forms. Include desired deduction amounts for all accounts since your payroll department will cancel any prior deductions.
- If you have any questions when completing this form, please contact customer service by email at GETInfo@hecb.wa.gov or call GET toll free at 1-800-955-2318, Monday through Friday, 8:00 a.m. to 5:00 p.m. PST.

1. Employee Information

Employee Name _____ Social Security Number _____
 Mailing Address _____ Home Phone Number _____
 City / State / ZIP _____ Work Phone Number _____
 Email Address _____

2. GET Contract Information

GET Account Owner (If different than employee information): _____

Student Beneficiary Name	GET Account Number (Required)	Social Security Number (Required)	Monthly Deduction Amount (\$20 min. per GET Contract)

REQUIRED—Total Authorized Monthly Payroll Deduction Amount \$

3. Employer Information

- Check with your employer or view our Website at www.get.wa.gov for a list of employers who currently participate in payroll deduction with GET.

Employer Name _____ Agency / Department _____
 Payroll Contact _____ Payroll Contact's Phone Number _____
 Payroll Contact's Email Address _____

4. Employee Signature—REQUIRED

- A completed Authorization for Automatic Payroll Deduction form must be submitted to your employer to make any changes or to terminate your deduction. When your account is paid in full, you must complete this form to inactivate your payroll deduction.
- This form supersedes any current GET deduction. It is the employee's responsibility to notify the GET program when a deduction will not be taken for one or more pay periods and to make alternative payment arrangements. Payments not received by month-end may result in the assessment of a late payment fee.
- In signing this form I am requesting that payroll deduction be established or modified as indicated in Section 2 above and agree to the preceding terms.

 Employee's Signature

 Date

Submit form to:

ORIGINAL: Employer

COPY: Guaranteed Education Tuition
 PO Box 43450, Olympia WA 98504-3450
 Fax (360) 704-6200

COPY: Employee

Checklist for Employee

- ☐ Did you indicate your desired effective date for the payroll deduction or change at the top of the form? Did you mark the desired action? **Note** that only your payroll office can confirm the exact effective date for your payroll deduction.
- ☐ If you already have an account(s), did you put your GET account number(s) on the form? If your GET account is not already established, you must first open a GET account. Please contact Customer Service for enrollment dates and forms, or go online to www.get.wa.gov.
- ☐ Does your employer participate in GET payroll deductions? If you are unsure, ask your payroll provider or visit our website for a current list of participating employers.
- ☐ Did you list your company's name and Payroll/Benefit office telephone number in Section 3?
- ☐ Are your monthly deductions in Section 2 for a minimum of \$20 for each GET account? Did you use whole numbers?
- ☐ Does your deduction cover your monthly payment amount? If you are unsure of this amount, please *see chart* or call Customer Service to receive this information.
- ☐ Did you write the total of your monthly deductions in the Authorized Monthly Payroll Deduction Amount box in Section 2?
- ☐ Does your signature match the name entered in Section 1?
- ☐ Did you complete **ALL** sections of this form?
- ☐ Submit original to your employer.
- ☐ Submit a copy to GET:

GET Program-Payroll Deduction
PO Box 43450
Olympia, WA 98504-4350
Fax (360) 704-6200
- ☐ Retain a copy for your records.

If you have any questions about this form or need help filling it out, please call Customer Service at 1-800-955-2318, Monday through Friday, 8:00 am to 5:00 pm PST